

Date _____

Department of Revenue
Taxpayer Account Administration
Attn: Gayle Carlson
Post Office Box 47476
Olympia, Washington 98504-7476

Dear Ms. Carlson:

I am writing to apply for the sales and use tax exemption certificate for dairy nutrient management equipment and facilities. This letter shall serve as the application required under Second Substitute Senate Bill (2SSB) 5947, Chapter 18, Laws of 2001, 2nd Special Session.

My Milk Producer License number is _____ and my Unified Business Identifier (UBI) number is _____. This application is for the (insert name of dairy) _____ at the following location:

Address _____
City, State and Zip Code _____

I certify that the dairy at the above location has a dairy nutrient management plan certified by the dairy producer, the local Conservation District, and the Department of Ecology under the requirements of Chapter 90.64 RCW. This certification was effective _____ date.

I understand that the sales and use tax exemption is limited to services rendered in respect to operating, repairing, cleaning, altering, or improving dairy nutrient management equipment and facilities, and to the sales of tangible personal property that becomes an ingredient or component of the equipment and facilities. I understand that the exemption only applies to equipment and facilities that are used **exclusively** for activities necessary to maintain a certified dairy nutrient management plan and that the exemption only applies to purchases made **after** the dairy nutrient management plan is certified under chapter 90.64 RCW.

Thank you for your consideration. If you have any questions you can contact me at (area code and phone number) (_____) _____ - _____.

Dairy Farmer